# BOTULISM ALERT SUMMARY

Enterics Officer taking botulism call should fill out information upon 1)initial case review, 2)follow-up call approximately one week later, and 3)final call 4-8 weeks later (when final lab tests known). Botulism surveillance officers will provide back-up as needed. Please request copy of EMG and copy of discharge summary, to file with this report.

Alert No._____
Pt. Name_____
Date (1st call)__/__/__
State _____

Individual reporting (person initiating call)
Name_____Affiliation_____Phone_____

Name of patient _____Age ____Sex___ DOB__/__/__
Address _____ Phone _____
_____

Hospital_____Phone_____
Address _____
_____

Name of attending physician_____ Phone_____
Consultants _____ Phone_____
(Neurologist if involved)
_____ Phone_____

Preliminary History

Acute illness in the past month?_____

Underlying medical problems?_____

Prior gastric surgery or abnormal GI tract?_____

Date of presumptive exposure, if known? _____/_____/_____

Date of first symptoms (DOO)? _____/_____/_____

Date first saw MD _____/_____/_____ Date hospitalized __/__/__

Admitting diagnosis _____ _____

Date botulism dx first seriously considered _____/_____/_____

Suspected link to known outbreak? Yes?_____ No?_____

Date of first contact with State Health Dept. _____/_____/_____

Date of first contact with CDC _____/_____/_____

Reason for SHD or CDC contact? a) lab testing c) consultation
b) antitoxin d) other _____

Problems with communication or contact?_____
_____

SYMPTOMS: Indicate if present at time of review of case by SHD or CDC. Date ___/___/___. Circle symptoms reported present within first 24 hours.

| | Yes | No | Don't Know |
|---|---|---|---|
| Abdominal Pain | ___ | ___ | ___ |
| Nausea | ___ | ___ | ___ |
| Vomiting | ___ | ___ | ___ |
| Diarrhea | ___ | ___ | ___ |
| Blurred Vision | ___ | ___ | ___ |
| Diplopia | ___ | ___ | ___ |
| Photophobia | ___ | ___ | ___ |
| Dysphagia | ___ | ___ | ___ |
| Dysphonia | ___ | ___ | ___ |
| Muscle Weakness | ___ | ___ | ___ |
| Upper distal | ___ | ___ | ___ |
| Upper proximal | ___ | ___ | ___ |
| Lower distal | ___ | ___ | ___ |
| Lower proximal | ___ | ___ | ___ |

Where did muscle weakness start? _____

| | Yes | No | Don't Know |
|---|---|---|---|
| Dyspnea | ___ | ___ | ___ |
| Fatigue | ___ | ___ | ___ |
| Dry Mouth | ___ | ___ | ___ |
| Sore throat | ___ | ___ | ___ |
| Urinary Retention | ___ | ___ | ___ |
| Constipation | ___ | ___ | ___ |
| Dizziness | ___ | ___ | ___ |
| Paresthesias | ___ | ___ | ___ |
| Convulsions | ___ | ___ | ___ |
| Other | ___ | ___ | ___ |
| | _____ | | |
| | _____ | | |
| | _____ | | |

SIGNS: Indicate if present at time of case review (date ___/___/___). Circle if present at first medical exam for this illness (date ___/___/___).

| | Yes | No | Don't Know |
|---|---|---|---|
| Ptosis | ___ | ___ | ___ |
| Extraocular Palsy | ___ | ___ | ___ |
| Pupils | | | |
| Dilated | ___ | ___ | ___ |
| Constricted | ___ | ___ | ___ |
| Mid-position | ___ | ___ | ___ |
| Reactive | ___ | ___ | ___ |
| Equal | ___ | ___ | ___ |
| Decreased Corneals? | ___ | ___ | ___ |
| Facial Paralysis | ___ | ___ | ___ |
| Symmetric? | ___ | ___ | ___ |
| Decreased Gag? | ___ | ___ | ___ |
| Decreased ability to protrude tongue | ___ | ___ | ___ |
| Weakness or paralysis of extremity (ies) | ___ | ___ | ___ |
| a)upper | ___ | ___ | ___ |
| b)lower | ___ | ___ | ___ |
| c)symmetric | ___ | ___ | ___ |

| | Yes | No | Don't Know |
|---|---|---|---|
| Abnormal Sensory | | | |
| Specify _____ | ___ | ___ | ___ |
| Ataxia | | | |
| Symmetrical? | ___ | ___ | ___ |
| | ___ | ___ | ___ |
| Nystagmus? | ___ | ___ | ___ |
| DTR's | | | |
| Normal | ___ | ___ | ___ |
| Hypoactive | ___ | ___ | ___ |
| Hyperactive | ___ | ___ | ___ |
| Symmetric | ___ | ___ | ___ |
| Abnl Mental State | ___ | ___ | ___ |
| Fever | ___ | ___ | ___ |
| Respiratory impairment | ___ | ___ | ___ |

Toes 1)down 2)up 3)unknown

Does patient have a wound? Yes ___ No ___

If yes, describe _____

Date wound sustained _____

How treated _____

Laboratory studies

Spinal tap: Yes _____ No _____

| Date | RBC's | WBC's | Cells | Protein | Glucose | Other |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

| | Date | Positive | Negative | Not Done |
|---|---|---|---|---|
| Tensilon Test | | | | |

Comments _____

EMG:

| Date | Area tested | Muscle group weak? | Frequency (hertz) | Amplitude (↑ ↓ nl) | Facilitation (yes or no) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

Vital Capacity Date _____ _____ cc
Date _____ _____ cc
Date _____ _____ cc

Antitoxin given? Yes _____ No _____ Type _____ Route _____
Amount(# vials) _____ Date _____
Amount _____ Date _____

Sensitivity testing done prior to administration? Yes _____ No _____
Result _____

Hypersensitivity reaction? _____
Anaphylaxis? _____
Serum sickness? _____

Other treatment given _____

Morbidity

NG tube feedings Yes _____ No _____ Dates _____
Respirator Yes _____ No _____ Dates _____
Tracheostomy Yes _____ No _____ Date _____

Number of days in intensive care _____

Outcome: Recovered? _____ Died? _____

Cause of Death? _____

Number of days in hospital _____

Date discharged from hospital ____/____/____

Discharged to: Home _____
Nursing home _____
Rehab facility _____
Other _____

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Botulism Laboratory tests
tested at a)CDC lab b)State lab _____ c)other _____

(indicate if mouse died but non-neutralizable)

| | date of sample | | result |
|---|---|---|---|
| serum | ___/___/___ | .5ml | _____ |
| | | 1ml | _____ |
| serum | ___/___/___ | .5ml | _____ |
| | | 1ml | _____ |
| serum | ___/___/___ | .5ml | _____ |
| | | 1ml | _____ |

gastric ___/___/___ _____

Stool ___/___/___ toxin test _____
standard culture _____
enrichment culture _____

Food items (indicate items tested and result as "+" or "-")

_____ _____
_____ _____
_____ _____

Vehicle implicated: _____
Date ingested ___/___/___
If botulism, number of cases in outbreak _____

Final Diagnosis:(circle applicable)

BOTULISM
Adult foodborne
Adult Intestinal Colonization
Wound
Uncharacterized _____

GUILLAN BARRE
STROKE
Other _____

EMG result and discharge summary requested? yes no

COMMENTS/NOTES (use back page as needed)